## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000010903 1. Entity Name

.

Principal Place of Business

INTERFACE BOWIE, LLC

2300 GLADES ROAD

SUITE 230W BOCA RATON, FL 33431 Mailing Address

2300 GLADES ROAD

SUITE 230W BOCA RATON, FL 33431

## FILED Mar 11, 2005 08:00 AM Secretary of State



DO NO	)T W	RITE	IN .	THIS	SPAC	E
-------	------	------	------	------	------	---

01042005 No Chg-LLC CR2

CR2E083 (10/03)

4. FEI Number 81-0604009 Applied For Not Applicable

5. Centificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, JOHN II 1645 PALM BEACH LAKES BOULEVARD SUITE 1200 WEST PALM BEACH. FL 33401 DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS		The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, CHARLENE 2300 GLADES RD #230 W,≈ BOCA RATON, FL 33431	U00000253826 03/11/05-80040-005 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Fiorida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/24/05 (510)790-5260

Daytima Phone #